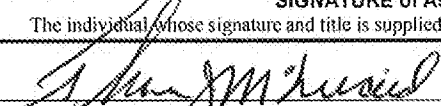


| POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO | | | | | |
|---|---|-----------|---------------------|-----------|---------------------|
| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | |
| I hereby appoint: | | | | | |
| <input checked="" type="checkbox"/> | Practitioners associated with the Customer Number: | | 25181 | | |
| OR | | | | | |
| <input type="checkbox"/> | Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | |
| | | Name | Registration Number | Name | Registration Number |
| | | | | | |
| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | |
| <input checked="" type="checkbox"/> | The address associated with Customer Number: | | 25181 | | |
| OR | | | | | |
| <input type="checkbox"/> | Firm or Individual Name | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Country | | Telephone | | Email | |
| Assignee Name and Address: | | | | | |
| Forsyth Dental Infirmary for Children 140 The Fenway Boston, Massachusetts 02155 | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. | | | | | |
| SIGNATURE of Assignee of Record | | | | | |
| The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | |
| Signature |  | | | Date | 12/5/2012 |
| Name | Thomas J. McQuaid | | | Telephone | 617-892-8367 |
| Title | VP Finance, CFO & Treasurer, Forsyth Dental Infirmary for Children | | | | |